

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-595,719

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	1		1			
8	1		1			
9	2		1			
10	2		1			
11	8		1			
12	7		1			
13	8		1			
14			1			
15			1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	34	←	19	←		←
TOTAL CLAIMS	35		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						